

5-YEAR FIRE STANDPIPE SYSTEM SERVICE TEST REPORT

Title 19, Section 904 of the California Code of Regulations requires standpipe systems to be service tested every 5 years. In Mountain View, a record of the test, along with any deficiencies found, shall be submitted to the Mountain View Fire Department. Record the test results below and describe how any deficiencies were corrected in the table at the end of this report. The test shall only be conducted by a contractor holding a license issued by the State Fire Marshal.

Address of Building _____

Building/Complex Name _____

Building Owner/Manager _____

Mailing Address _____

Phone _____ Date of Construction _____

System Description: _____

Testing Contractor: _____ State Fire Marshal License #: _____

Testing Contractor Address: _____ Phone: _____

Certification Date: _____

(DEF= Deficient)

FIRE DEPARTMENT CONNECTION (FDC)			
Inlet caps in place.	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	<input type="checkbox"/> DEF
Couplings not damaged and rotating smoothly.	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	<input type="checkbox"/> DEF
No gaskets missing or deteriorated.	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	<input type="checkbox"/> DEF
Clapper valves close completely.	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	<input type="checkbox"/> DEF
No visible or exterior obstructions.	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	<input type="checkbox"/> DEF
Proper identification of FDC.	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	<input type="checkbox"/> DEF

RISER			
Accessible piping free of defects.	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	<input type="checkbox"/> DEF
No visible or exterior obstructions.	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	<input type="checkbox"/> DEF
Riser Size: _____ # of Valves: ____1-1/2" ____2-1/2" ____3" Riser Location: _____			
Certification Date: _____ Company & License #: _____			

OUTLET VALVES			
Outlet cap in place.	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	<input type="checkbox"/> DEF
Fire hose connection threads undamaged.	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	<input type="checkbox"/> DEF
No valve handles missing.	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	<input type="checkbox"/> DEF
No cap gaskets missing or deteriorated.	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	<input type="checkbox"/> DEF
No visible or exterior obstructions.	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	<input type="checkbox"/> DEF

(DEF= Deficient)

CABINET			
Readily openable.	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	<input type="checkbox"/> DEF
Properly identified.	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	<input type="checkbox"/> DEF
Glass in place and not damaged.	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	<input type="checkbox"/> DEF
No visible or exterior obstructions.	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	<input type="checkbox"/> DEF

FIRE DEPARTMENT CONNECTION (FDC)			
FDC check valve accessible.	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	<input type="checkbox"/> DEF
FDC backflushed.	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	<input type="checkbox"/> DEF

CONTROL VALVES			
Control valves operable and undamaged.	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	<input type="checkbox"/> DEF
Valve supervision devices operable.	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	<input type="checkbox"/> DEF
Central Station receives valve alarm signal.	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	<input type="checkbox"/> DEF

OUTLET VALVES			
Outlet valves operable and undamaged.	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	<input type="checkbox"/> DEF
Water pressure present at each outlet valve.	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	<input type="checkbox"/> DEF
Required pressure reducing devices are present.	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	<input type="checkbox"/> DEF

FLOW TEST			
Pneumatic test conducted at 25 psi.	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	<input type="checkbox"/> DEF
System free of leaks during pneumatic test.	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	<input type="checkbox"/> DEF
Hydrostatic test conducted at 150 psi.(vertical standpipe only)	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	<input type="checkbox"/> DEF
System free of leaks during hydrostatic test.	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	<input type="checkbox"/> DEF
Flow tests conducted: ___Via FDC ___No FDC	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	<input type="checkbox"/> DEF
Required volume and pressure established.	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	<input type="checkbox"/> DEF

MISCELLANEOUS			
Alarm panel clear.	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	<input type="checkbox"/> DEF
System left in service.	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	<input type="checkbox"/> DEF
Standpipes cross-connected? ___Yes ___No	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	<input type="checkbox"/> DEF

FLOW TEST DATA	
	GPM
	GPM
	PSI
	SEC

LIST DEFICIENCIES FOUND AND HOW CORRECTED

Return completed form to:
City of Mountain View Fire Department
1000 Villa Street
Mountain View, CA 94041
Attn: Fire Marshal